WISCONSIN MEDICAID
PRIOR AUTHORIZATION / "J" CODE ATTACHMENT (PA/JCA)
COMPLETION INSTRUCTIONS

Wisconsin Medicaid requires information to enable Medicaid to authorize and pay for medical services provided to eligible recipients.

Recipients are required to give providers full, correct, and truthful information for the submission of correct and complete claims for Medicaid reimbursement. This information will include, but is not limited to, information concerning eligibility status, accurate name, address, and Medicaid identification number (HFS 104.02[4], Wis. Admin. Code).

Under s. 49.45(4), Wis. Stats., personally identifiable information about Medicaid applicants and recipients is confidential and is used for purposes directly related to Medicaid administration such as determining eligibility of the applicant, processing prior authorization (PA) requests, or processing provider claims for reimbursement. Failure to supply the information requested by the form may result in denial of PA or Medicaid payment for the services.

The use of this form is voluntary and providers may develop their own form as long as it includes all the information and is formatted exactly like this form. If necessary, attach additional pages if more space is needed. Refer to your service-specific handbook for service restrictions and additional documentation requirements. Provide enough information for Wisconsin Medicaid medical consultants to make a reasonable judgement about the case.

Physicians use this form to request PA for injectable drug ("J") codes. Attach the completed Prior Authorization/"J" Code Attachment (PA/JCA) to the Prior Authorization Request Form (PA/RF) and send it to Wisconsin Medicaid. Providers may submit PA requests by fax to Wisconsin Medicaid at (608) 221-8616. Providers who wish to submit PA requests by mail may do so by submitting them to the following address:

Wisconsin Medicaid
Prior Authorization
Ste 88
6406 Bridge Rd
Madison WI 53784-0088

The provision of services that are greater than or significantly different from those authorized may result in nonpayment of the billing claim(s). Providers should amend a PA request before it expires if services are significantly different from or greater than those services prior authorized.

SECTION I — RECIPIENT INFORMATION

Element 1 — Name — Recipient
Enter the recipient's last name, followed by his or her first name and middle initial. Use the Eligibility Verification System (EVS) to obtain the correct spelling of the recipient's name. If the name or spelling of the name on the Medicaid identification card and the EVS do not match, use the spelling from the EVS.

Element 2 — Date of Birth — Recipient
Enter the date of birth of the recipient in MM/DD/YYYY format.

Element 3 — Recipient Medicaid Identification Number
Enter the recipient's 10-digit Medicaid identification number. Do not enter any other numbers or letters.

SECTION II — DRUG ORDER INFORMATION

Complete all of Section II.

SECTION III — CLINICAL INFORMATION

Element 14 — Diagnosis
List the recipient's condition the prescribed drug is intended to treat. Include *International Classification of Diseases, Ninth Revision, Clinical Modification* (ICD-9-CM) diagnosis code and the expected length of need.

Element 15 — Changes to previous prior authorization
If requesting a renewal or continuation of a previous prior authorization approval, indicate any changes to the clinical condition, progress, or known results to-date.

Element 16 — Use (check one)

Any of the compendium standards may be used. If an intended use is not in the drug package insert, providers may want to check the United States Pharmacopeia Drug Information (USP-DI) for the most inclusive reference for diagnosis.

Drugs not listed in compendium standards may be covered by Wisconsin Medicaid; therefore, the PA/JCA must be submitted for processing and denied before the recipient is told a particular drug is not covered by Wisconsin Medicaid.

Element 17 — Dose (check one)

Any of the compendium standards may be used. If a prescribed dosage is not in the drug package insert, you may want to check the USP-DI (the most inclusive reference for diagnosis).

Drugs not listed in compendium standards may be covered by Wisconsin Medicaid; therefore, the PA/JCA must be submitted for processing and denied before the recipient is told a particular drug is not covered by Wisconsin Medicaid.

Signature of Prescriber and Date Signed

The prescriber must review the information, verifying that the information is accurate to the best of his or her knowledge, and sign the PA/JCA.

Check the appropriate box indicating how the provider would like to be notified of an approved or denied PA request. Please be sure to indicate a fax or telephone number if selecting either of these options.